

LIMERICK



**EDUCATE TOGETHER
NATIONAL SCHOOL**

Enrolment Form

(Please PRINT all details)

Surname of Pupil

First Name of Pupil

Date of Birth

| | | |
|--|--|--|
| | | |
|--|--|--|

Gender: Male / Female

Year of Entry _____ Class _____

Childs P.P.S.N

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Address _____

Name of Parent(s) or Adult(s) with Parental Responsibility

Name 1

Mobile Phone Number

Relationship to Pupil

Email address

Name 2

Mobile Phone Number

Relationship to Pupil

Email address

Emergency Contact number other than given above:

Name: _____

Contact No. _____

Details of any brothers or sisters currently attending Limerick Educate Together

| <u>Name:</u> | <u>Class:</u> |
|---------------------|----------------------|
| | |
| | |
| | |

Has your child attended another Primary school in Ireland?

If Yes:

Name: _____

Address:

Tel. No:

Does your child have a statement of Special Needs or Health Issues?

If yes please give details:

Please attach original state birth certificate for the child to this form.

A copy will be taken and the original returned to you.

- ❖ Please refer to the schools Admissions policy and Annual Admissions Notice. It is available on the website www.limerickeducatetogether.com

Signed: _____

Parent/Guardian

Date: _____

Dromdarrig,
Mungret,
061-300889

Email: letsnationalschool@gmail.com